

# Group Accidental Death and Dismemberment (AD&D) Certificate of Insurance

Securian Life Insurance Company • A Stock Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098



Effective January 1, 2022

**POLICYHOLDER: ONEOK, Inc.**

**POLICY NUMBER: 70048**

## **Read Your Certificate Carefully**

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

## **Legal Actions**

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after three years from the time written proof of loss is required to be given.

Secretary

President

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## **GROUP ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) CERTIFICATE OF INSURANCE**

# Certificate Specifications Page

Securian Life Insurance Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098



## GENERAL INFORMATION

<b>POLICYHOLDER</b>	ONEOK, Inc.
<b>POLICY NUMBER:</b>	70048
<b>ASSOCIATED COMPANIES:</b>	All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.
<b>POLICY SITUS:</b>	The policy was issued and delivered in Oklahoma.
<b>POLICY EFFECTIVE DATE:</b>	January 1, 2016. This specifications page represents the plan in effect as of January 1, 2022.

**This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.**

<b>GROUP:</b>	The group is composed of all active employees of the policyholder and its associated companies working in the United States in the following classes:
Class 1A	All active, full time non-bargaining unit, U.S. citizens and resident aliens receiving U.S. source income, employees of the employer, regularly scheduled to work a minimum of 40 hours per week.
Class 1B	All former employees hired prior to 1/1/2017 who were active participants under the employer sponsored accidental death and dismemberment insurance up to the date of disability termination and are receiving disability benefits under the employer sponsored disability plan and are enrolled in the former employee health plan. Terminated prior to 1/1/2020.
Class 1C	All former employees hired prior to 1/1/2017 who were active participants under the employer sponsored accidental death and dismemberment insurance up to the date of disability termination and are receiving disability benefits under the employer sponsored disability plan and are enrolled in the former employee health plan. Terminated on or after 1/1/2020.
Class 5	All active, non-bargaining unit, U.S. citizens and resident aliens receiving U.S. source income, employees of the employer regularly scheduled to work 20 through 39 hours per week.
<b>NO DOUBLE COVERAGE:</b>	A person cannot be covered under more than one class. A person cannot be covered as both an active employee or dependent and insured under the portability provision. A person may be covered as both an employee and dependent. Both employee and spouse/domestic partner can insure an eligible dependent child.

**WAITING PERIOD:****Classes 1A and 5:** None. Coverage becomes effective on the first day of employment.**Classes 1B and 1C:** Not Applicable

Note: An employee who moves from a benefit eligible class to a non-benefit eligible class and then returns to a benefit eligible class has already satisfied the waiting period and does not need to do so again.

**MINIMUM HOURS  
PER WEEK REQUIRED:****Class 1A:** 40 hours per week**Class 5:** 20 through 39 hours per week**PLAN OF INSURANCE****EMPLOYEE BENEFIT SCHEDULE****EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:****Eligible Class****Amount of AD&D Insurance**

Class 1A, 1B, and 1C

One, two, three, four, five, six or seven times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to an AD&amp;D insurance maximum of \$1,000,000.

Class 5

\$50,000

An employee who was out on medical leave and not actively at work on January 1, 2020, will remain at \$25,000.

**GENERAL PROVISIONS FOR EMPLOYEE INSURANCE****AGE REDUCTIONS:**

None

**RETIREMENT REDUCTIONS:**

All insurance terminates at retirement, except as provided for under the portability provision.

**CONTRIBUTORY/NONCONTRIBUTORY:**

All voluntary AD&amp;D insurance is contributory insurance.

**INCREASES AND DECREASES:**

Increases and decreases due to a change in eligible class or earnings will become effective the January 1st following the date of the change in eligible class or earnings. Annual earnings are determined as of each October 1st.

Requests for increases and decreases may be made only at annual enrollment or within 30 days (90 days for birth or adoption) of a qualified status change (as defined by the employer). Requests made due to a status change shall be effective on the date of the status change event. Requests made during an annual enrollment shall be effective on the general effective date of the annual enrollment. All increases are subject to the actively at work requirement.

**DEPENDENTS BENEFIT SCHEDULE****DEPENDENTS AD&D INSURANCE:**

The amount of Dependent's AD&amp;D insurance is based on the composition of the employee's family as follows:

**Employee's Family Consists of****Amount of AD&D Insurance**Spouse/Domestic Partner and Eligible  
ChildrenSpouse/Domestic Partner: 50% of employee's amount of insurance\*  
Each Child: 10% of employee's amount of insurance\*

Spouse/Domestic Partner and No Eligible Children

Spouse/Domestic Partner: 60% of employee's amount of insurance\*

No Spouse/Domestic Partner but Eligible Children

Each Child: 15% of employee's amount of insurance\*

\* The maximum amount of AD&D insurance for spouse/domestic partner coverage is \$600,000; the maximum amount of AD&D insurance for child coverage is \$100,000.

## GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

**CONTRIBUTORY/NONCONTRIBUTORY:** Dependents insurance is contributory insurance.

**INCREASES AND DECREASES:** Dependents insurance shall automatically increase or decrease as the employee's amount of voluntary AD&D insurance increases or decreases.

### ADDITIONAL INFORMATION

**CERTAIN QUALIFIED STATUS CHANGES:**  
Applies to Classes 1A and 5 only

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 30 days (90 days for a birth or adoption) of the status change.

#### Class 1A:

- An employee may elect for the first time or increase existing AD&D insurance provided the resulting amount of insurance does not exceed \$1,000,000.

#### Class 5:

- An employee may elect the \$50,000 AD&D benefit option.

Coverage will be effective on the date of the status change event, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Death of a spouse/domestic partner or child
- Divorce, legal separation or annulment
- Dissolution of a domestic partnership
- Marriage or creation of domestic partnership
- Termination of a spouse/domestic partners or child's employment.
- A change in the life insurance benefit plan available to the employee's spouse/domestic partner or child
- A change in the employee's or his/her spouse/domestic partner's or child's employment status that affects either person's eligibility for benefits.

## Definitions

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### **associated company**

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

### **contributory insurance**

Insurance for which the employee is required to make premium contributions.

### **earnings**

An employee's basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

### **employee**

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

### **employer**

The policyholder or any designated associated company.

### **insured**

A person who is eligible for and becomes insured under the terms of this certificate.

### **licensed physician**

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse, children, parents, grandparents, grandchildren, brothers or sisters, or the spouse of any such individuals.

### **non-work day**

A day on which the employee is not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

### **noncontributory insurance**

Insurance for which the employee is not required to make premium contributions.

### **policyholder**

The owner of the group policy as shown on the specifications page.

### **specifications page**

The outline which summarizes your coverage under the policyholder's plan of insurance.

### **waiting period**

The period, if any, of continuous employment with the employer that the employee must satisfy prior to becoming eligible for coverage under this certificate. You are not eligible to become insured until the first day following the waiting period. Any such waiting period is shown on the specifications page .

### **we, our, us**

Securian Life Insurance Company.

### **you, your, certificate holder**

An insured employee.

## General Information

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### **What is your agreement with us?**

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application.

### **Can this certificate be amended?**

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

### **What employees are eligible for Accidental Death and Dismemberment (AD&D) insurance?**

An employee is eligible for AD&D insurance if he or she:

- (1) is a member of the eligible group and of an eligible class identified in the group policy; and
- (2) works for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page ; and
- (3) has satisfied the waiting period, if any; and

- (4) meets the actively at work requirement described in the “What is the actively at work requirement?” provision of this section.

### **What dependents are eligible for AD&D insurance under this certificate?**

The following members of your family are eligible for AD&D insurance under this certificate:

- (1) your lawful spouse who is not legally separated from you or your registered domestic partner, as recognized under the laws of the jurisdiction of celebration; and
- (2) your domestic partner of the same or opposite sex and who meets the requirements of the policyholder’s affidavit of domestic partnership and have properly executed and filed such affidavit with the policyholder; and
- (3) your or your spouse/domestic partner’s natural, legally adopted (an adopted child includes a child legally placed for adoption with you) or stepchildren, foster children placed with you by an authorized agency or by judgement, decree or order of any court of competent jurisdiction, a child covered by QMCSO order who are less than 26 years old. Eligibility begins at live birth (stillborn or unborn children are not eligible). Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance; or
- (4) your or your spouse/domestic partner’s other eligible dependents who are not your or your spouse/domestic partner’s child but to whom you are related; for whom you have been appointed legal guardian and is your dependent for federal income tax purposes who are under age 19 or under age 24 if a full time student. These other eligible dependents are also eligible if they are physically or mentally incapable of self-support, were enrolled in the health plan prior to attaining age 24 and are financially dependent on you for more than one half of their support.

Any dependent who, subsequent to the effective date of your dependents AD&D insurance, meets the eligibility requirements of this certificate will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents AD&D under this certificate. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

### **Are employees of associated companies eligible for insurance under the group policy?**

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder’s acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

### **Are retired employees eligible for insurance?**

If the policyholder’s plan of insurance, as shown on the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor to have his or her insurance continued. If the policyholder’s plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

### **What is the actively at work requirement?**

To be eligible to become insured or to receive an increase in the amount of insurance, an employee must be actively at work performing his or her customary duties at the employer’s normal place of business, or at other places the employer’s business requires him or her to travel.

Employees not working due to illness or injury do not meet the actively at work requirement nor do employees receiving sick pay, short-term disability benefits or long-term disability benefits.

If the employee is not actively at work on the date coverage would otherwise begin, or on the date an increase in his or her amount of insurance would otherwise be effective, he or she will not be eligible for the coverage or increase until he or she returns to active work. However, if the absence is on a non-work day, coverage will not be delayed provided the employee was actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, an employee is eligible to continue to be insured only while he or she remains actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You or your beneficiary will receive a refund of premium for any contributory insurance for which you were not eligible.

### **What is the delayed effective date provision for dependents?**

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall

be delayed until he or she is released from such hospitalization or confinement. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

### **When does your insurance become effective?**

Your insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) for contributory coverage, you apply for coverage in accordance with the application methods agreed upon by the policyholder and us.

### **When does a dependent's insurance become effective?**

Insurance on a dependent becomes effective on the date that all of the following conditions have been met:

- (1) your insurance becomes effective;
- (2) the dependent meets all eligibility requirements; and
- (3) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us.

### **Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?**

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frame:

If you are on a medical leave of absence, insurance cannot be continued beyond the later of 9 months from the last day you were actively at work or attained age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

## **Premiums**

### **When and how often are your premium contributions due?**

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a regular periodic basis. We apply premiums consecutively to keep the insurance in force.

### **How is the premium determined?**

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

Premium rates are subject to change according to the provisions of the group policy.

## **Accidental Death and Dismemberment Benefit**

### **What does accidental death or dismemberment by accidental injury mean?**

AD&D coverage is limited coverage. This means this coverage will provide benefits only when your loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your loss, death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your participation in a riot or insurrection, or attempt to commit a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) the use of alcohol; or
- (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
- (7) operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescription drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred; or
- (8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (9) medical or surgical treatment or diagnostic procedures or any resulting complications,

including complications from medical misadventure; or

- (10) travel in or descent from any aircraft or any craft designed to fly above the earth's surface, except as:
  - (a) as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft; or
  - (b) as a licensed pilot\*, crewmember or passenger who is performing his or her normal job duties for the employer in any aircraft with a current and valid Airworthiness Certificate owned, leased or operated by the policyholder (an Airworthiness Certificate means a "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the government authority having jurisdiction over civil aviation in the country of registry); or
    - \*a licensed pilot is being defined as a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.
- (11) war or any act of war, whether declared or undeclared.

Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints. Loss of toes means complete severance at or above the metatarsophalangeal joints. Severance means the complete and permanent separation and dismemberment of the part from the body.

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet). Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb and from the waist down including total paralysis of the foot if claiming a lower limb).

A benefit is not payable for both loss of one hand and the loss of thumb and index finger of one hand or the loss of four fingers of one hand for injury to the same hand as a result of any one accident (the largest benefit of these overlapping losses only will be paid). Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this certificate for any one accident, not including any amount paid according to the terms of the Additional Benefits section of this certificate, will never exceed the full amount of the insured's AD&D insurance.

**Can you request a change in the amount of your contributory insurance?**

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

**What are the notice of claim and proof of loss requirements?**

Written notice of injury on which a claim may be based must be given to us within 30 days after the accident. Proof of loss must be furnished to us within 90 days after the date of loss. However, failure to give such notice and proof within the time provided will not invalidate the claim if it is shown that notice and proof were given as soon as reasonably possible.

When we receive written notice of claim, we will send the claimant our claim forms if he or she needs them. If the claimant does not receive the forms within 15 days, we will accept his or her written description as proof of loss.

**What is the amount of the AD&D benefit?**

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Quadriplegia.....	100%
Paraplegia.....	75%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
One Hand or One Foot.....	50%
Severance & Reattachment of One Hand or One Foot.....	50%
Hemiplegia.....	50%
All Four Fingers of One Hand.....	50%
All Toes of One Foot.....	20%
Thumb and Index Finger of One Hand.....	25%
Uniplegia.....	25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means.



## **When will the accidental death or dismemberment benefit be payable?**

We will pay the accidental death or dismemberment benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered a covered dismemberment as a result of a covered accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum.

## **To whom will we pay the accidental death or dismemberment benefit?**

In the case of your accidental death, we will pay the accidental death benefit to the beneficiary or beneficiaries. All other benefits, including any accidental death or dismemberment payable due to a dependent's loss, will be payable to you, if living, otherwise to your estate.

You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) your lawful spouse if living; otherwise
- (2) your natural or legally adopted child (children) in equal shares, if living; otherwise
- (3) your parents in equal shares, if living; otherwise
- (4) your natural or legally adopted siblings in equal shares if living; or
- (5) the personal representative of your estate.

## **Additional Benefits**

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this certificate, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

### **Bereavement and Trauma Counseling**

#### **What is the bereavement and trauma counseling benefit?**

If an insured dies or suffers a covered dismemberment as the result of a covered accident we will pay an additional benefit up to \$500 for bereavement and trauma counseling sessions for the insured or the insured's spouse and/or dependent child(ren) who are also insured. The benefit will be paid to the person(s) who provides proof they paid for the counseling. If the counseling is reimbursed or covered by other insurance, the benefit will be paid to the person who received the counseling, or in the case of a minor dependent, to the parent or guardian of the minor dependent. Such counseling must meet all of the following conditions:

- (1) the covered bereavement and trauma counseling expenses must be incurred within one year from the date of the covered accident causing the covered loss; and
- (2) the expense is charged for a bereavement or trauma counseling session for the insured or one or more of the insured's immediate family members; and
- (3) the counseling is provided under the care, supervision, or order of a licensed physician; and
- (4) proof of the expense is provided.

### **Child Care Benefit**

#### **What is the child care benefit?**

If you die as a result of a covered accident and you are survived by one or more insured dependent children under age 13, we will pay additional benefits to reimburse for child care expenses incurred for your dependent children while under age 13.

The benefit for each child per year will be the lesser of:

- (1) 5% of your amount of AD&D insurance; or
- (2) \$3,125; or
- (3) actual incurred child care expenses.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than four years after the date of your death or for expenses

incurred for dependent children over age 13. Proof of incurred child care expenses shall be required before any benefit payment is made. The child care benefit will be paid to the surviving parent, to the child's guardian, the custodian under the Uniform Transfers to Minors Act or to an adult caretaker when permitted under state law.

## **Coma Benefit**

### **What is the coma benefit?**

If an insured lapses into a coma as a result of and within 365 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit equal to the lesser of:

- (1) 1% of the insured's amount of AD&D insurance; or
- (2) 1% of the difference between the insured's amount of AD&D insurance and the amount of any benefits paid under the loss schedule for the same accident. (if the full amount of AD&D insurance has been paid, no benefit is payable under this section).

This benefit will be paid monthly until the earliest of the following:

- (1) the date the insured recovers such that he or she is no longer in a coma as defined herein; or
- (2) the date of the insured's death. If an accidental death payment is due under this certificate, the amount of such payment will be reduced by the amount of AD&D insurance paid under this coma provision; or
- (3) 100 monthly benefits have been paid.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

In no event will the total amount of monthly benefits payable under this section exceed \$50,000.

## **Common Accident Benefit**

### **What is the common accident benefit?**

If both you and your insured spouse/domestic partner die from covered accidental injuries sustained in a common accident, your spouse/domestic partner's accidental death benefit will be increased to an amount equal to 100% of your amount of AD&D insurance, but not more than \$500,000.

Common accident means the same accident or separate accidents that occur within the same 24-hour period. You and your insured spouse/domestic partner must also die within 180 days of each other from the common accident.

## **Dependent Child Education Benefit**

### **What is the dependent child education benefit?**

We will pay an education benefit on behalf of your dependent children if you die as a result of a covered accident and are survived by one or more insured dependent children, provided that:

- (1) at the time of your death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational institution (however, no benefit will be payable for the current school year); or
- (2) the dependent child enrolls on a full-time basis in an accredited post-secondary educational institution within one year of your death.

The benefit payable will be the lesser of:

- (1) the actual tuition charged, exclusive of room and board; or
- (2) \$5,000.

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years, but not beyond the date the child attains age 25. The benefit will be paid to the insured dependent child if he or she is of legal age. If the insured dependent child is not of legal age the benefit will be paid to the person who provides proof they have paid or will pay the tuition bill for that school year. Proof of enrollment and tuition costs are required for each school year. If no dependent child qualifies for this benefit within one year of the covered insured's death, we will pay a default benefit of \$1,000.

## **Disappearance Benefit**

### **What is the disappearance benefit?**

If an insured's body has not been found after one year from the date the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy and proof satisfactory to us that the accident occurred and the insured was a passenger on the conveyance, that the insured has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this certificate.

## **Exposure Benefit**

### **What is the exposure benefit?**

If an insured suffers a loss under the Type of Loss schedule due to exposure to the elements, it will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

## Hospital/Extended Care Facility Benefit

### What is the hospital/extended care facility benefit?

If an insured requires hospitalization or extended care as a result of a covered accident, an additional benefit will be paid to you during such hospitalization/extended care facility stay. After a seven-day waiting period, a monthly benefit will be paid for up to 12 months equal to a maximum monthly benefit of the lesser of:

- (1) 1% of the insured's amount of AD&D insurance; or
- (2) \$2,500; or
- (3) actual charges made by the hospital/extended care facility due to injuries incurred from the accident.

Payments for periods of less than a full month will be made on a pro-rata (daily accrual) basis. If the period of hospitalization/extended care facility stay exceeds seven days, the benefit will be paid retroactively to the first day of hospitalization/extended care stay. No benefit is payable for hospitalizations/extended care stays of seven days or fewer.

Hospital means a facility which:

- (1) is licensed as an acute hospital; and
- (2) provides diagnostic and therapeutic facilities for the surgical or medical diagnosis, treatment, and care of injured and sick persons as inpatients; and
- (3) has a staff of licensed physicians available at all times; and
- (4) is credited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or is recognized by the American Hospital Association (AHA) and is qualified to receive payments under the Medicare program; and
- (5) always provides 24 hour nursing services by registered graduate nurses; and
- (6) is not a place primarily for custodial or maintenance care.

Extended care facility means an institution which:

- (1) is duly licensed as an extended care facility, skilled nursing facility, or convalescent hospital and operates in accordance with governing laws and regulations; and
- (2) regularly provides inpatient skilled nursing care for payment during the active or convalescent state of an injury; and
- (3) is staffed with a physician or registered nurse on duty 24 hours a day; and

- (4) operates in accordance with medical policies supervised and established by a physician; and
- (5) regularly maintains a daily medical record for each patient.

The term extended care facility shall not include a place that provides health care services primarily for custodial or domiciliary care or for the care of drug addiction, alcoholism or mental disorders.

## Rehabilitative Physical Therapy Benefit

### What is the rehabilitative physical therapy benefit?

If an insured suffers an injury which results in a covered dismemberment, we will pay an additional benefit for rehabilitative physical therapy which is prescribed by the attending physician or surgeon. The benefit will be equal to the lesser of:

- (1) 1% of the insured's amount of AD&D insurance; or
- (2) \$10,000; or
- (3) actual costs incurred for such rehabilitative physical therapy.

## Seatbelt Benefit

### What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$50,000; or
- (2) 10% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

## Spouse/Domestic Partner Education Benefit

### What is the spouse/domestic partner education benefit?

We will pay an education benefit on behalf of your spouse/domestic partner if you die as a result of a covered accident and are survived by your insured spouse/domestic partner, provided that your spouse/domestic partner enrolls in a program of higher education, accredited educational institution or an institution of vocational training for the purpose of preparing for employment within three years after your death.

The benefit payable will be the least of:

- (1) the actual tuition charged for all such education; or
- (2) \$5,000.

Only expenses occurring after the date of your death will be eligible for reimbursement. Proof of such costs will be required before benefits are paid.

## Portability Benefit

### What is the portability benefit?

The portability benefit provides for continuation of your group AD&D insurance if you no longer meet the eligibility requirements of this certificate, except as provided for herein.

To continue coverage under the provisions of this benefit, you must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Coverage provided by this benefit will be effective the date we receive the completed application. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

### Who is eligible to continue insurance under this benefit?

An insured employee is eligible to continue insurance under the terms of this benefit if he or she, except as provided by this benefit, no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

An insured spouse is eligible to continue insurance under this benefit if he or she, except as provided by this benefit, no longer meets the eligibility requirements of the

certificate due to legal separation, divorce or the employee's death.

An insured child age 19 or older is eligible to continue insurance under this benefit if he or she, except as provided by this benefit, no longer meets the eligibility requirements of the certificate due to attaining an age limit or otherwise ceases to be an eligible dependent.

An insured will not be eligible to request coverage under this benefit if he or she:

- (1) has attained the age of 70; or
- (2) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
- (3) loses eligibility due to termination of the group policy.

### What insurance can be continued under this benefit?

Only contributory insurance may be continued under this benefit. If an employee elects to continue his or her own coverage according to the provisions of this benefit, he or she may also elect to continue contributory insurance for any other dependent insured under his or her certificate.

If a former spouse continues his or her own coverage according to the provisions of this benefit, he or she may also elect to continue contributory insurance on any insured children, provided the employee is not otherwise insuring the children.

An insured may also continue coverage under all certificate benefits which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date.

Death benefits will be paid in accordance with the provisions of the certificate and applicable benefits with the following exception: Death benefits for a former spouse or child porting his or her own coverage (not being continued as part of the employee's coverage) shall be payable as if the spouse or child were an employee. Therefore a former spouse or child may choose to name a beneficiary or beneficiaries to receive his or her death benefit proceeds, subject to all provisions of the Death Benefit section of the certificate, including the provisions related to payment when there are no eligible named beneficiaries.

### What is the minimum amount of insurance that can be continued under this benefit?

The minimum amount of AD&D insurance that can be continued on an employee under this benefit is \$10,000. The minimum for dependents is \$1,000.

### **What is the maximum amount of insurance that can be continued under this benefit?**

The maximum amount of AD&D insurance that can be continued under this benefit is the amount of insurance that was in force on the insured's portability date, but not more than \$250,000 for an employee or \$150,000 for a spouse.

### **Will the amount of insurance continued under this benefit change?**

Yes. Insurance terminates at age 70.

### **Can an insured request a change in the amount of insurance continued under this benefit?**

Yes. An insured may elect to reduce the amount of AD&D insurance, subject to the minimum amount. The amount of insurance continued under this benefit will never increase.

### **How will premium contributions be paid?**

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

### **Can the premium rate change?**

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future.

### **What happens if an insured again becomes eligible under the certificate?**

If an insured is continuing coverage under the terms of this benefit, and again meets the eligibility requirements of the certificate, not including the terms of this benefit, the insured shall no longer be considered to have portability status and ported coverage will terminate. Insurance may be continued only under the terms of the certificate, not including this benefit unless and until the insured no longer meets the eligibility requirements of the certificate and again return to portability status as provided for herein.

### **What happens to insurance provided under this benefit when the group policy terminates?**

Anything in the group policy notwithstanding, termination of the group policy will not terminate AD&D insurance then in force for any person under the terms of this benefit. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this benefit will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this benefit terminate?".

No individual may elect coverage under this benefit on or after the date of termination of the group policy.

### **When will insurance continued under this benefit terminate?**

Insurance being continued under this benefit will terminate on the earliest of the following:

- (1) the insured's 70th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this benefit; or
- (3) in the case of a dependent child or a spouse who is insured under the employee's certificate, the date the employee's coverage is no longer being continued or the date the spouse or child ceases to be eligible as defined under the terms of the certificate, unless the spouse or child ports coverage on their own as provided for under the terms of this benefit; or
- (4) in the case of a dependent child who is insured under a former spouse's coverage, the date the child ceases to be an eligible dependent as defined under the terms of the certificate, unless the child ports coverage on his or her own as provided for under the terms of this benefit; or
- (5) 31 days after the due date of any premium contribution which is not made; or
- (6) the date you request to terminate this coverage.

## **Termination**

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### **When does an insured's insurance end?**

An insured's insurance ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date the insured no longer meets the eligibility requirements, unless the insurance can be continued under the portability provisions; or
- (3) the date the group policy is amended so the insured is no longer eligible, unless the insurance can be continued under the portability provisions; or
- (4) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate; or
- (6) the date the insured attains age 70.

## **When does the group policy terminate?**

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

## **Additional Information**

### **Do we have the right to obtain independent medical verification?**

Yes. After you have provided proof of loss at your expense, we retain the right to have an insured medically examined at our expense whenever a claim is pending.

### **What if an insured's age has been misstated?**

If an insured's age has been misstated, the accidental death or dismemberment benefit payable will be that amount to which the insured is entitled based on his or her correct age.

A premium adjustment will be made to the premium you pay for the insured's noncontributory insurance and to the premium an insured pays for contributory insurance, if any, so that the actual premium required at the insured's correct age is paid. If the insured's correct age is such that no benefit is payable, only a refund of premium will be made for the period the insured was not eligible.

### **Who is the owner of this coverage?**

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, and terminating the coverage.

### **Can your insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

## **Can a change in ownership for a certificate be requested?**

Yes. A change in ownership is a type of assignment. All provisions for assignments apply to ownership changes.

### **Is the policyholder required to maintain records?**

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

### **Can insurance coverage be contested?**

Yes. If an insured dies or sustain a covered loss under this certificate within two years of his or her original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by the insured during the application process. If we discover a material misrepresentation, the coverage will be rescinded and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

Any statements the insured makes in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement an insured makes will not be used to void his or her insurance, or defend against a claim, unless the statement is contained in the application.

### **Will the provisions of this certificate conform with state law?**

Yes. If any provision in this certificate or in the group policy is in conflict with the laws of the state governing the group policy or the certificates, the provision will be deemed to be amended to conform to such laws.

### **What is the policy interpretation right and authority?**

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

# Group Accidental Death & Dismemberment Insurance Certificate Endorsement

Securian Life Insurance Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098



This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70048, issued by Securian Life Insurance Company to ONEOK, Inc. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to **all Employees**:

1. The cover page is amended to add the following disclosures:

**THIS IS AN ACCIDENT ONLY CERTIFICATE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.**

2. The provision entitled **“What is your agreement with us?”** under the **General Information** section is amended in its entirety and replaced with the following:

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless a copy of the instrument containing the statement is or has been provided to either the person making the statement or if the statement was made by you and you have died or become incapacitated, your beneficiary or personal representative.

3. Item number (3) of the provision entitled **“What dependents are eligible for AD&D insurance under this certificate?”** under the **General Information** section is amended in its entirety and replaced with the following:

your or your spouse/domestic partner’s natural, legally adopted (an adopted child includes a child legally placed for adoption with you) or stepchildren, foster children placed with you by an authorized agency or by judgement, decree or order of any court of competent jurisdiction, a child covered by QMCSO order who are less than 26 years old. Eligibility begins from the moment of birth. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance. Your or your spouse/domestic partner’s other eligible dependents who are not your or your spouse/domestic partner’s child but to whom you are related; for whom you have been appointed legal guardian and is your dependent for federal income tax purposes who are under age 19 or under age 24 if a full time student. These other eligible dependents are also eligible if they are physically or mentally incapable of self-support, were enrolled in the health plan prior to attaining age 24 and are financially dependent on you for more than one half of their support.

4. Item numbers (3) and (11) of the provision entitled **“What does accidental death or dismemberment by accidental injury mean?”** under the **Accidental Death and Dismemberment Benefit** section is amended in its entirety and replaced with the following:

- (3) your commission of, or attempt to commit, a felony, or to which a contributing cause was your being engaged in an illegal occupation; or
- (11) war or any act of war, whether declared or undeclared, while serving in the military or in an auxiliary unit attached to the military or while working in an area of war whether voluntary or as required by an employer.

5. The provision entitled “**When will the accidental death or dismemberment benefit be payable?**” under the **Accidental Death and Dismemberment Benefit** section is amended in its entirety and replaced with the following:

**When will the accidental death or dismemberment benefit be payable?**

We will pay the accidental death or dismemberment benefit immediately after receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered a covered dismemberment as a result of a covered accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum.

  
Secretary

  
President



## Notice

Securian Life Insurance Company  
400 Robert Street North, St. Paul, MN 55101-2098

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### NOTICE OF PROTECTION PROVIDED BY OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This Notice provides a brief summary of the Oklahoma Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Oklahoma law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Oklahoma law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

#### Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

#### Health Insurance

- \$500,000 in hospital, medical and surgical insurance benefits
- \$300,000 in disability income insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

#### Annuities

- \$300,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except that with regard to hospital, medical and surgical insurance benefits, the maximum amount that will be paid is \$500,000.

**NOTE: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

To learn more about the above protections, please visit the Association's website at [www.oklifega.org](http://www.oklifega.org), or contact:

**Oklahoma Life & Health Insurance Guaranty Association**  
201 Robert S. Kerr, Suite 600  
Oklahoma City, OK 73102  
Phone: (405) 272-9221

**Oklahoma Department of Insurance**  
3625 NW 56th Street, Suite 100  
Oklahoma City, OK 73112  
1-800-522-0071 or (405) 521-2828

**Insurance companies and agents are not allowed by Oklahoma law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Oklahoma law, then Oklahoma law will control.**

## Special Notice

Securian Life Insurance Company  
400 Robert Street North, St. Paul, MN 55101-2098

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### **NOTICE CONCERNING EXCLUSIONS FROM COVERAGE UNDER THE OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This policy or a portion of this policy may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

**Insurance companies or their agents are required by law to give you this Notice. However, insurance companies and their agents are not allowed by Oklahoma law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. If there is any inconsistency between this Notice and Oklahoma law, then Oklahoma law will control.**

To learn more about the exclusions from coverage, please visit the Association's website at [www.oklifega.org](http://www.oklifega.org), or contact:

**Oklahoma Life & Health Insurance Guaranty Association**  
201 Robert S. Kerr, Suite 600  
Oklahoma City, OK 73102  
Phone: (405) 272-9221

**Oklahoma Department of Insurance**  
3625 NW 56th Street, Suite 100  
Oklahoma City, OK 73112  
1-800-522-0071 or (405) 521-2828

**Securian Life Insurance Company** • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) CERTIFICATE OF INSURANCE**

14-31901

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